

9/27

Mr Hunt - notified via email  
cc Dr Krebs  
S. Sheang  
J. Esser



September 27, 2007

Seth P. Hunt, Jr.  
Hospital Director/CEO  
Broughton Hospital  
1000 South Sterling Street  
Morganton, NC 28655

Joint Commission ID #: 1610  
Accreditation Activity: Unannounced OQM  
Event  
Accreditation Activity Completed: 9/17/2007

Dear Mr. Hunt:

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals.

This accreditation cycle is effective beginning April 19, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll  
Interim Executive Vice President  
Division of Accreditation and Certification Operations



Broughton Hospital  
1000 South Sterling Street  
Morganton, NC 28655

**Organization Identification Number: 1610**

**Date(s) of Survey: 9/17/2007 - 9/17/2007**

**PROGRAM(S)**

Hospital Accreditation Program

**SURVEYOR(S)**

Elizabeth S. Minassian, RN

**Executive Summary**

There is no follow-up due to The Joint Commission as a result of the accreditation activity conducted on the above date.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

## Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

### Information Management

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**Standard:** IM.6.10

**Program:** HAP

**Standard Text:** The hospital has a complete and accurate medical record for patients assessed, cared for, treated, or served.

**Secondary Priority Focus Area(s)** N/A

#### Element(s) of Performance

Scoring Category : B

11. The medical record delinquency rate averaged from the last four quarterly measurements is not greater than 50% of the average monthly discharge (AMD) rate and no quarterly measurement is greater than 50% of the AMD rate.

Note: The score for this Element of Performance will result from the condition described below.

The medical record delinquency rate averaged from the last four quarterly measurements is the following:

Not greater than 50% of the AMD rate and no single quarterly measurement are greater than 50% of the AMD rate-- the score is 2 -Compliance.

Not greater than 50% of the AMD rate but one or more quarterly measurements is greater than 50% of the AMD rate-- the score is 1 -Partial Compliance.

Greater than 50% of the AMD rate but less than twice (that is, 200%) the AMD rate-- the score is 0 – Insufficient Compliance.

Equal to or greater than twice (that is, 200%) the AMD rate-- the score is 0 – Insufficient Compliance and a decision of Conditional Accreditation: see DECISION RULE CON05.

#### Surveyor Findings

EP 11

Observed in Medical Records Interview at Broughton Hospital site.

The delinquency for the past six months is as follows: Feb 174/274, Mar 137/311, April 144/309, May 193/245, June 169/344, July 185/289. Some months exceed 50% delinquency.

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September 12, 2007

Seth P. Hunt, Jr.  
Hospital Director/CEO  
Broughton Hospital  
1000 South Sterling Street  
Morganton, NC 28655

Joint Commission ID #: 1610  
Accreditation Activity: Unannounced OQM  
Event  
Accreditation Activity Completed: 9/6/2007

Dear Mr. Hunt:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that once your organization's Accreditation Report is available, the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Linda S. Murphy-Knoll  
Interim Executive Vice President  
Division of Accreditation and Certification Operations



Broughton Hospital  
1000 South Sterling Street  
Morganton, NC 28655

**Organization Identification Number: 1610**

**Date(s) of Survey: 9/6/2007 - 9/6/2007**

**PROGRAM(S)**

Hospital Accreditation Program

**SURVEYOR(S)**

Shirley R. Francisco, RN

**Executive Summary**

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

**The Joint Commission  
Accreditation Survey Findings**

**Requirement(s) for Improvement**

**These are the Requirements for Improvement related to the Primary Priority Focus Area:**

**Medication Management**

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**Standard:** MM.3.10

**Program:** HAP

**Standard Text:** Only medications needed to treat the patient's condition are ordered, provided, or administered.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : C

1. There is a documented diagnosis, condition, or indication-for-use for each medication ordered.

**Surveyor Findings**

EP 1

Observed in Inpatient Unit at Broughton Hospital site.

Review of a medical record, as part of a patient tracer, indicated there was not a documented condition or indication-for-use for each medication ordered. This was evident in medications ordered by the non-psychiatric staff.

Observed in Inpatient Unit at Broughton Hospital site.

During an individual tracer, there was no evidence that a condition or indication-for-use for each medication ordered by the non-psychiatric medical staff had been documented either on the medication order form, H&P or progress notes.

Observed in Inpatient Unit at Broughton Hospital site.

During an individual tracer, several medications ordered by the non-psychiatric staff did not have a documented condition or indication-for-use for each medication ordered.

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**The Joint Commission  
Accreditation Survey Findings**

**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Orientation & Training**

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**Standard:** APR 17

**Program:** HAP

**Standard Text:** The hospital educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : A

1. The hospital educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

**Surveyor Findings**

EP 1

Observed in Discussion with staff at Broughton Hospital site.

During two individual patient tracers, staff nurses were unable to describe how the hospital had provided education that any employee who had concerns about the safety or quality of care provided in the hospital could report these concerns to the Joint Commission.

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These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Quality Improvement Expertise/Activities**

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**Standard:** PI.2.10

**Program:** HAP

**Standard Text:** Data are systematically aggregated and analyzed.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : B

5. Comparative data are used to determine if there is excessive variability or unacceptable levels of performance when available.

**Surveyor Findings**

EP 5

Observed in Discussion with staff at Broughton Hospital site.

In a discussion of aggregated data for selected performance indicators selected by the organization, comparative data had not used to determine if there was excessive variability or unacceptable levels of performance when indicated.

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**Broughton Hospital****Organization ID: 1610****1000 South Sterling StreetMorganton, NC 28655****Accreditation Activity - Evidence of Standards Compliance 1 Form****Due Date: 10/27/2007**

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**HAP Standard PI.2.10 Data are systematically aggregated and analyzed.**

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**Surveyor** EP 5 Observed in Discussion with staff at Broughton Hospital site. In a discussion of aggregated data  
**Findings:** for selected performance indicators selected by the organization, comparative data had not used to determine if there was excessive variability or unacceptable levels of performance when indicated.

**Elements of Performance:**

5. Comparative data are used to determine if there is excessive variability or unacceptable levels of performance when available.

**Scoring Category: B**

**Corrective Action Taken:** The Acting Chief of the Regulatory Compliance Department facilitated departmental meetings over several days in late September 2007 and early October 2007 to develop a format for a facility dashboard for high priority indicators to allow comparative analysis (at the facility wide level) of these critical indicators. In cases where no appropriate comparative external data are available, performance of across time will be presented and analyzed, allowing a comparison with our own performance. In cases wherein comparative data are available and appropriate, analyses will also include reference to the external reference data. In addition to the identification of these critical indicators, on the brief dashboard, the department generated two different completed examples of trended data and analyses, one with external comparison and one without. Definitions for the indicators, methods of aggregation, and a graphic display were offered, as were brief narratives highlighting the analysis of the data and actions planned as an outgrowth of the analysis. This strategy was presented at the October 8, 2007 Performance Improvement Function Committee (PIFC). Upon receipt of the (fiscal year) first quarter data, the comparative analysis of the selected indicators on the proposed dashboard will be presented to the PIFC. As the PIFC builds on lessons learned and analysis of our own process, the template and process should be refined. The PIFC will evaluate performance on this element during the remainder of the fiscal year.

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**HAP Standard MM.3.10 Only medications needed to treat the patient's condition are ordered, provided, or administered.**

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**Surveyor** EP 1 Observed in Inpatient Unit at Broughton Hospital site. Review of a medical record, as part of a  
**Findings:** patient tracer, indicated there was not a documented condition or indication-for-use for each medication ordered. This was evident in medications ordered by the non-psychiatric staff. Observed in Inpatient Unit at Broughton Hospital site. During an individual tracer, there was no evidence that a condition or indication-for-use for each medication ordered by the non-psychiatric medical staff had been documented either on the medication order form, H&P or progress notes. Observed in Inpatient Unit at Broughton Hospital site. During an individual tracer, several medications ordered by the non-psychiatric staff did not have a documented condition or indication-for-use for each medication ordered.



**Elements of Performance:**

1. There is a documented diagnosis, condition, or indication-for-use for each medication ordered.

**Scoring Category: C**

**Corrective Action Taken:** The Clinical Director instructed physicians and physician extenders to document justification for non-psychiatric medications. This process was addressed in the Medical and General Physician Meeting on 10/10/2007. This directive was followed by an October 12, 2007 memo by the Clinical Director requiring physician and physician extenders to include a justification for medication on the order sheet at the time of ordering any medication.

**Evaluation Method:** Audits will be conducted by assigned quality improvement staff upon being notified of an approved ESC. Medication orders will be audited monthly for justification of non-psychiatric medications on a randomly selected sample of not less than 50 per month. Measures of Success Reports will be provided to the Clinical Director's office, as well as the Regulatory Compliance office on a monthly basis. The Clinical Director will communicate the findings with physician and physician extenders to the Physician Extender Meetings and the Medical and General Physician Meetings, monthly.

**Measure of Success Goal (%):** 90

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| <b>HAP</b> | <b>Standard APR 17</b> | <b>The hospital educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.</b> |
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**Su. /or Findings:** EP 1 Observed in Discussion with staff at Broughton Hospital site. During two individual patient tracers, staff nurses were unable to describe how the hospital had provided education that any employee who had concerns about the safety or quality of care provided in the hospital could report these concerns to the Joint Commission.

**Elements of Performance:**

1. The hospital educates its staff that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

**Scoring Category: A**

**Corrective Action Taken:** The Assistant Hospital Director/COO, instructed the Hospital Team on 10/2/2007, via e-mail, that by October 19, 2007, each clinical and non-clinical department director at Broughton Hospital will obtain a signature from each of their staff indicating that they have been informed that any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission without negative personnel repercussion. The signature log included the Joint Commission contact information necessary to make such a report. The completed signature logs were supplied to the Director of Staff Development, whose office confirmed compliance. In addition, this reporting opportunity will routinely be presented as part of new employee orientation. Finally a statement pertaining to this matter, including Joint Commission contact information is posted in a strategic location in the lobby area outside the Human Resources office, and all staff were informed that they can access it there.